

P22000063336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

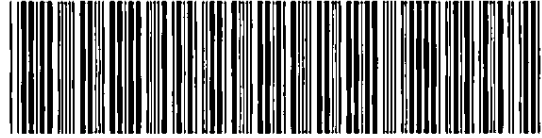
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
AUG 15 2022

08/15/22--01003--011 \*\*70.00

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2022 AUG 15 PM 12:05  
STATE OF NEW YORK  
DEPARTMENT OF TAXATION AND FINANCE

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 8/15 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** \_\_\_\_\_

**INC** \_\_\_\_\_

1. CLOSING SINCE 1991 INC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

22 AUG 15 PM 11:44  
STATE OF FLORIDA  
DEPARTMENT OF CORPORATIONS

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Closing Since 1991, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE "INC" OR "CORP" OR "LLC" OR "L.P." FIX

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

22 AUG 15 PM 11:44  
RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

FROM: Lauren Bawerh  
Name (Printed or typed)

5499 N. Federal Hwy  
Address

Boca Raton, FL 33487  
City, State & Zip

718-902-4086  
Daytime Telephone number

laurenb@priorityhealthcare.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Closing Since 1991, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
465 NE 15th Terr.  
Boca Raton, FL  
33432

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dylan Adams - Pres.  
Address: 465 NE 15th Terr.  
Boca Raton, FL  
33432

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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FILED  
IN THE  
STATE OF  
FLORIDA  
22 AUG 15 PM 11:48  
CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dillon Adams  
Address: 465 NE 15<sup>th</sup> Terr  
Boca Raton, FL 33432

FILED  
SECRETARY OF STATE  
CORPORATION  
22 AUG 15 PM 11:44

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dillon Adams  
Address: 465 NE 15<sup>th</sup> Terr.  
Boca Raton, FL 33432


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/12/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

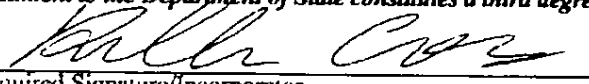
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

8/12/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

8/12/2022  
Date